

<i>SERFF Tracking Number:</i>	<i>CLBA-125277229</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Columbia Mutual Insurance Compny</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-025995</i>
<i>Company Tracking Number:</i>	<i>CMI-CRS-07-F02</i>		
<i>TOI:</i>	<i>26.0 Burglary & Theft</i>	<i>Sub-TOI:</i>	<i>26.0001 Commercial Burglary & Theft</i>
<i>Product Name:</i>	<i>Crime & Fidelity</i>		
<i>Project Name/Number:</i>	<i>ISO Postponement/CMI-CRS-07-F02</i>		

Filing at a Glance

Company: Columbia Mutual Insurance Compny

Product Name: Crime & Fidelity

TOI: 26.0 Burglary & Theft

Sub-TOI: 26.0001 Commercial Burglary & Theft Co Tr Num: CMI-CRS-07-F02

Filing Type: Form

SERFF Tr Num: CLBA-125277229

SERFF Status: Closed

Co Tr Num: CMI-CRS-07-F02

Co Status:

Authors: Dennis McVay, Christina Walker, DeeDee Williams

Date Submitted: 09/04/2007

State: Arkansas

State Tr Num: AR-PC-07-025995

State Status:

Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding

Disposition Date: 09/05/2007

Disposition Status: Filed

Effective Date Requested (New): 03/01/2008

Effective Date Requested (Renewal): 03/01/2008

Effective Date (New): 03/01/2008

Effective Date (Renewal):

General Information

Project Name: ISO Postponement

Project Number: CMI-CRS-07-F02

Reference Organization: ISO

Reference Title: N/A

Filing Status Changed: 09/05/2007

State Status Changed: 09/04/2007

Corresponding Filing Tracking Number:

Filing Description:

In reference to ISO's Filing Designation Number CR-2006-OFR06, we wish to postpone the implementation of the Crime & Fidelity forms filing from October 1, 2007 to March 1, 2008.

Status of Filing in Domicile: Pending

Domicile Status Comments: N/A

Reference Number: CR-2006-OFR06

Advisory Org. Circular: LI-CR-2007-021

Deemer Date:

Company and Contact

Filing Contact Information

Christina Walker, Analyst I

2102 White Gate Drive

Columbia, MO 65205

cwalker@colinsgrp.com

(573) 474-6193 [Phone]

(800) 836-5713[FAX]

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Filing Company Information

Columbia Mutual Insurance Compny	CoCode: 40371	State of Domicile: Missouri
2102 White Gate Drive	Group Code: 807	Company Type: Mutual
P O Box 618		
Columbia, MO 65205	Group Name: Columbia Insurance Group	State ID Number: 03
(573) 474-6193 ext. [Phone]	FEIN Number: 43-0790393	

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TOI:	26.0 Burglary & Theft	Sub-TOI:	26.0001 Commercial Burglary & Theft
Product Name:	Crime & Fidelity		
Project Name/Number:	ISO Postponement/CMI-CRS-07-F02		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$20.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Columbia Mutual Insurance Compny	\$20.00	09/04/2007	15409701

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Llyweyia Rawlins	09/05/2007	09/05/2007

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Disposition

Disposition Date: 09/05/2007

Effective Date (New): 03/01/2008

Effective Date (Renewal):

Status: Filed

Comment: Postpone implementation of Crime & Fidelity forms 10/01/2007 to 03/01/2008

Rate data does NOT apply to filing.

SERFF Tracking Number:	CLBA-125277229	State:	Arkansas
Filing Company:	Columbia Mutual Insurance Compny	State Tracking Number:	AR-PC-07-025995
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TOI:	26.0 Burglary & Theft	Sub-TOI:	26.0001 Commercial Burglary & Theft
Product Name:	Crime & Fidelity		
Project Name/Number:	ISO Postponement/CMI-CRS-07-F02		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes

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Rate Information

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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Filed	09/05/2007
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Comments:

Attachment:

CRS-form-ISO Postponement.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name					Group NAIC #
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	

5. Company Tracking Number	
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
7. Signature of authorized filer				
8. Please print name of authorized filer				

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)				
10. Sub-Type of Insurance (Sub-TOI)				
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12. Company Program Title (Marketing title)				
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:		Renewal:	
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
16. Reference Organization (if applicable)				
17. Reference Organization # & Title				
18. Company's Date of Filing				
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

[illegible]

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)